

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 04-OCT-2015		TIME 08:34:00		2. ADDRESS OF OCCURRENCE 3522 W GRENSHAW ST CHICAGO, IL 60624				3. LOCATION CODE 289		4. BEAT/OCCUR 1133																																																																							
MEMBER INVOLVED	5. POSITION 9161		6. LAST NAME GOZDAL III		7. FIRST NAME MATTHEW W		8. STAR NO. 9220		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE WHI																																																																						
											11. AGE 603																																																																						
SUBJECT INFORMATION	14. DATE OF APPT 24-SEP-2007		15. EMPLOYEE NO [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 011 1133		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No																																																																						
	20. LAST NAME MCCALUM		21. FIRST NAME JEFFREY		22. M.I. D.		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE BLK		25. D.O.B. [REDACTED]																																																																						
	26. HT. 506		27. WT. 160		28. ADDRESS [REDACTED]		29. TELEPHONE NO. [REDACTED]		30. WAS SUBJECT ARMED? FIREARM - SEMI-AUTOMATIC <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No																																																																						
	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		33. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]		34. BY WHOM? [REDACTED]		35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid		36. CHARGES PLACED [REDACTED]		37. CB NO. [REDACTED]																																																																						
REASON FOR USE OF FORCE (Check all that apply)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;">38. DINA</th> <th style="width:15%;">PASSIVE RESISTER</th> <th style="width:15%;">ACTIVE RESISTER</th> <th style="width:15%;">ASSAILANT-ASSAULT</th> <th style="width:15%;">ASSAILANT-BATTERY</th> <th style="width:15%;">ASSAILANT-DEADLY FORCE</th> </tr> <tr> <td rowspan="2" style="text-align: center; vertical-align: middle;">SUBJECT'S ACTIONS</td> <td>DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/></td> <td>FLED <input type="checkbox"/></td> <td>IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/></td> <td>ATTACK WITH WEAPON <input type="checkbox"/></td> <td>USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/></td> </tr> <tr> <td>STIFFENED (DEAD WEIGHT) <input type="checkbox"/></td> <td>PULLED AWAY <input type="checkbox"/></td> <td>OTHER <input type="checkbox"/></td> <td>ATTACK WITHOUT WEAPON <input type="checkbox"/></td> <td>WEAPON <input checked="" type="checkbox"/></td> </tr> <tr> <td rowspan="2" style="text-align: center; vertical-align: middle;">MEMBER'S RESPONSE</td> <td>MEMBER PRESENCE <input checked="" type="checkbox"/></td> <td>OPEN HAND STRIKE <input type="checkbox"/></td> <td>ELBOW STRIKE <input type="checkbox"/></td> <td>KNEE STRIKE <input type="checkbox"/></td> <td>FIREARM <input type="checkbox"/></td> </tr> <tr> <td>VERBAL COMMANDS <input checked="" type="checkbox"/></td> <td>TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/></td> <td>CLOSED HAND STRIKE/PUNCH <input type="checkbox"/></td> <td>KICKS <input type="checkbox"/></td> <td>OTHER <input type="checkbox"/></td> </tr> <tr> <td></td> <td>ESCORT HOLDS <input type="checkbox"/></td> <td>OC CHEMICAL WEAPON <input type="checkbox"/></td> <td>IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/></td> <td>IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/></td> <td></td> </tr> <tr> <td></td> <td>WRISTLOCK <input type="checkbox"/></td> <td>CANINE <input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>ARM BAR <input type="checkbox"/></td> <td>TASER (Probe Discharge) <input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>PRESSURE SENSITIVE AREAS <input type="checkbox"/></td> <td>TASER (Contact Stun) <input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>CONTROL INSTRUMENT <input type="checkbox"/></td> <td>TASER (Spark Displayed) <input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/></td> <td>OTHER <input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>OTHER <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>											38. DINA	PASSIVE RESISTER	ACTIVE RESISTER	ASSAILANT-ASSAULT	ASSAILANT-BATTERY	ASSAILANT-DEADLY FORCE	SUBJECT'S ACTIONS	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>	FLED <input type="checkbox"/>	IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>	ATTACK WITH WEAPON <input type="checkbox"/>	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/>	STIFFENED (DEAD WEIGHT) <input type="checkbox"/>	PULLED AWAY <input type="checkbox"/>	OTHER <input type="checkbox"/>	ATTACK WITHOUT WEAPON <input type="checkbox"/>	WEAPON <input checked="" type="checkbox"/>	MEMBER'S RESPONSE	MEMBER PRESENCE <input checked="" type="checkbox"/>	OPEN HAND STRIKE <input type="checkbox"/>	ELBOW STRIKE <input type="checkbox"/>	KNEE STRIKE <input type="checkbox"/>	FIREARM <input type="checkbox"/>	VERBAL COMMANDS <input checked="" type="checkbox"/>	TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>	CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>	KICKS <input type="checkbox"/>	OTHER <input type="checkbox"/>		ESCORT HOLDS <input type="checkbox"/>	OC CHEMICAL WEAPON <input type="checkbox"/>	IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>	IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>			WRISTLOCK <input type="checkbox"/>	CANINE <input type="checkbox"/>					ARM BAR <input type="checkbox"/>	TASER (Probe Discharge) <input type="checkbox"/>					PRESSURE SENSITIVE AREAS <input type="checkbox"/>	TASER (Contact Stun) <input type="checkbox"/>					CONTROL INSTRUMENT <input type="checkbox"/>	TASER (Spark Displayed) <input type="checkbox"/>					OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>	OTHER <input type="checkbox"/>					OTHER <input type="checkbox"/>				
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	40. ADDITIONAL INFORMATION SEMI AUTOMATIC 380ACP																																																																																
	POSITION		STAR NO		UNIT																																																																												
	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR																																																																										
	45. MAKE/MANUFACTURER		46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE																																																																										
	49. TASER DART ID NO		50. WEAPON SERIAL NO. (Include Letters)		51. CHICAGO GUN REG. NO		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.																																																																								
	54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER		58. TOTAL NO. OF SHOTS MEMBER FIRED																																																																								
	59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		70. EVENT NO. 1527703908																																																																								
	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO																																																																												
	71. R.D. NO. HY448947																																																																																
CASE INFO.	72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR <input type="checkbox"/> CPIC																																																																																
	NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																																																																																
SIGNATURES	73. REPORTING MEMBER (Print Name) GOZDAL III, MATTHEW W																																																																																
	STAR/EMPLOYEE NO. 9220																																																																																
74. REVIEWING SUPERVISOR (Print Name) GARTNER, JOHN A																																																																																	
STAR NO. 2523																																																																																	
DATE REVIEWED 04-OCT-2015 21:31:35																																																																																	

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Offender deceased.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on the information available at the time, it is the preliminary determination of the undersigned that P.O. GOZDAL acted in accordance with Department Policy.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO _____ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

STAPLES, MELISSA A

SIGNATURE

DATE COMPLETED TIME

04-OCT-2015 22:22:21

79. TOTAL TRR's THIS EVENT No

4